Fill in this information t	o identify your case:	
Debtor 1	Amanda Carter Ates	
Debtor 2 (Spouse, if filing)		
United States Bankrup	tcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI	
Case number 23-	01110	Check if this is:
,		☐ An amended filing ■ A supplement showing postpetition chapter
Official Form	1061	13 income as of the following date: 6/01/2025 MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	Fundament status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Operations Manager	
	Include part-time, seasonal, or self-employed work.	Employer's name	PolicyCo	Desoto County Board of Education
	Occupation may include student or homemaker, if it applies.	Employer's address	301 Plus Park Blvd Nashville, TN 37217	5 East South St Hernando, MS 38632
		How long employed t	here? 5 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,416.67 4,116.75 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 5,416.67 4,116.75

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Amanda Carter Ates		С	ase	number (if known)	2	3-01110			
					For	Debtor 1	1	For Debtor	2 or		
								non-filing s		•	
	Cop	by line 4 here	4.	_	\$	5,416.67		\$ 4	,116.7	' 5	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	1,137.50	9	\$	530.1	2	
	5b.	Mandatory contributions for retirement plans	5b.		<u> </u>	0.00		\$	370.5	_	
	5c.	Voluntary contributions for retirement plans	5c.		\$	173.75		\$	0.0		
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00		\$	0.0		
	5e.	Insurance	5e.		<u> </u>	160.31	9	\$	84.2		
	5f.	Domestic support obligations	5f.		\$	0.00		\$	0.0		
	5g.	Union dues	5g.		\$ 	0.00	9	\$	0.0		
	5h.	Other deductions. Specify: Cancer	5h		÷ *	0.00		\$	38.1		
		ST Life - ee			\$ 	0.00		\$	9.9	_	
		BOSMUTUAL	_		$\mathring{\$}^-$	0.00		\$	24.0	_	
		AF Disability	_		<u>*</u> —	0.00		\$	74.5		
		AF Life	_		<u> </u>	0.00		\$	54.7		
		AF Cancer	_		<u>,</u> —	0.00		\$	20.4		
6.	Δdd	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h.	_ 6.		· — \$	1,471.56	(\$,206.5		
		. ,			_						
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,945.11	;	\$ 2	,910.2	:1	
8.		all other income regularly received:									
	8a.	Net income from rental property and from operating a business, profession, or farm									
		Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a.		\$	0.00	9	\$	0.0	0	
	8b.	Interest and dividends	8b.		\$	0.00	9	\$	0.0	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent									
		regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce	0 -		Φ.		,	•			
	0.1	settlement, and property settlement.	8c.		\$	899.00		\$	0.0		
	8d.	Unemployment compensation	8d.		\$	0.00		\$	0.0		
	8e.	Social Security	8e.		\$	0.00	;	\$	0.0	0	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8f.		\$	0.00		\$	0.0		
	90	Specify: Pension or retirement income	_ 8g.		\$ _	0.00		\$	0.0		
	8g. 8h.	Other monthly income. Specify:	8h		_{\$} —	0.00			0.0		
	OII.	Other monthly moonie. Specify.		_	Ψ_	0.00	T ,	'	0.0		
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		899.00	:	\$	0.	00	
10	Cala	culate monthly income. Add line 7 + line 9.	10. \$			4,844.11 + \$		2,910.21	= \$		7,754.32
10.		•	10. 5	P_		<mark>4,844.11</mark> + \$		2,910.21	= \$		7,754.32
	Auu	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							ı		
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper			•					0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies							\$		7,754.32
13.	Do y	you expect an increase or decrease within the year after you file this form?	?								income
		No. Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Amanda Carter Ates		Chec	k if this is:	
				An amended filing	
	ouse, if filing)			A supplement show 13 expenses as of	ving postpetition chapter the following date:
	5 ,		_	6/01/2025	
Unit	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSI	SSIPPI		MM / DD / YYYY	
	e number 23-01110				
O	fficial Form 106J				
S	chedule J: Your Expenses				12/15
Be info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this f mber (if known). Answer every question.				
Par	t 1: Describe Your Household Is this a joint case?				
١.	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Househ	old of Debt	or 2.	
2.	Do you have dependents? ☐ No				
۷.		5		5	B
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relatio Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	De caladata llea				□ No
	Do not state the dependents names.	Son		7	■ Yes
					□ No
		Daughter		11	■ Yes
					□ No
					Yes
					□ No
3.	Do your expenses include ■ No.				☐ Yes
J.	expenses of people other than yourself and your dependents?				
Dor	Total Manthly Evynance				
exp	t 2: Estimate Your Ongoing Monthly Expenses cimate your expenses as of your bankruptcy filing date unless your penses as of a date after the bankruptcy is filed. If this is a suppolicable date.				
	lude expenses paid for with non-cash government assistance if				
	value of such assistance and have included it on Schedule I: Y ficial Form 106I.)	our Income		Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		2,155.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		72.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		50.00
5	4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hor	me equity loans	4d. \$ 5. \$		0.00

Deb	tor 1	Amanda Carter Ates	Case num	ber (if known)	23-01110
6.	Utilit				
	6a.	Electricity, heat, natural gas	6a.	\$	300.00
	6b.	Water, sewer, garbage collection	6b.		90.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	335.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	l and housekeeping supplies		\$	1,346.00
8.	Child	Icare and children's education costs	8.	\$	150.00
9.	Cloth	ning, laundry, and dry cleaning	9.	\$	159.00
10.	Pers	onal care products and services	10.	\$	87.00
11.	Medi	cal and dental expenses	11.	\$	125.00
12.		sportation. Include gas, maintenance, bus or train fare.			222.22
		ot include car payments.	12.		200.00
		rtainment, clubs, recreation, newspapers, magazines, and books	13.		50.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
15.	Insu				
		ot include insurance deducted from your pay or included in lines 4 or 20.		•	
		Life insurance	15a.		0.00
		Health insurance	15b.	· -	0.00
		Vehicle insurance	15c.		267.00
		Other insurance. Specify:	15d.	\$	0.00
	Spec	 s. Do not include taxes deducted from your pay or included in lines 4 or 20. ify: Car Tags 	16.	\$	32.50
17.		Ilment or lease payments:			
		Car payments for Vehicle 1	17a.		0.00
		Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify: NFS Debt Payments	17c.	\$	1,452.13
		Other. Specify:	17d.	\$	0.00
	dedu	payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Othe	r payments you make to support others who do not live with you.		\$	0.00
	Spec	·	19.		
20.		r real property expenses not included in lines 4 or 5 of this form or on Sche			
		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.		0.00
		Property, homeowner's, or renter's insurance	20c.		0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.		0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify: Pet Care	21.	+\$	75.00
22.	Calc	ulate your monthly expenses			
22.				\$	6 045 62
		Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		<u> </u>	6,945.63
				\$	
		Add line 22a and 22b. The result is your monthly expenses.		\$	6,945.63
23.		ulate your monthly net income.		•	
		Copy line 12 (your combined monthly income) from Schedule I.	23a.		7,754.32
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	6,945.63
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	808.69
24.	For ex				ease or decrease because of a
	<u> </u>	55. <u>Explain note.</u>			

Fill in this i	information to identify your	case:			
Debtor 1	Amanda Carter A	tes			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF MISSISSIPPI		
Case number	er 23-01110				
(if known)					☐ Check if this is an amended filing
Declar If two marrie You must fil obtaining m	ration About a ration About a ration About a red people are filing together le this form whenever you fil noney or property by fraud in oth. 18 U.S.C. §§ 152, 1341, 1	, both are equally resp le bankruptcy schedule n connection with a bar	onsible for supplying corre	ect information. Making a false statement	
	Sign Below				
Did yo ■ N	ou pay or agree to pay some	one who is NOT an atto	orney to help you fill out ba	ankruptcy forms?	
_					
□ Y	es. Name of person				by Petition Preparer's Notice, Signature (Official Form 119)
	penalty of perjury, I declare ey are true and correct.	that I have read the sur	mmary and schedules filed	l with this declaration and	d
X /s/	Amanda Carter Ates		Χ		
	manda Carter Ates gnature of Debtor 1		Signature of D	Debtor 2	
Dat	te _ July 3, 2025		Date		

Official Form 106Dec